

Chapter 31

Issue 4 05/01/2025

SUBJECT: EMPLOYEE SEPARATION PROCESS

I. PURPOSE

This personnel procedure establishes the process to be followed for the orderly and complete separation of terminating City employees. Separation shall include resignations, dismissals, layoffs, etc. The procedure describes the forms to be used and the proper method for completing them, the exit interview, and the processing of the employee's final check.

II. SCOPE

This procedure is applicable to all City departments. Where any section, subsection, sentence, clause, or phrase of this procedure is found inconsistent with an approved memorandum of understanding enacted between the City and a recognized employee organization, the current memorandum of understanding shall prevail. Exceptions to this procedure shall only be allowed when approved by the City Manager.

III. AMENDMENTS

This procedure may be amended by the City Manager.

IV. PROCEDURE

A. Termination and Return of City Property

1. Prior to their last day of work, employees are required to return all City-issued equipment, property, and keys to their supervisors, and ensure their work area is cleared of personal belongings. If applicable, employees must return their City identification card and fuel card on their final day.

Supervisors are responsible for reviewing the *Guide for Terminating Employees* (Attachment I) and the employee's *City Assigned Equipment Form* (Attachment II) to confirm that all required steps have been completed and all City-issued items have been returned prior to the employee's separation from the City.

Copies of the *Guide for Terminating Employees* are available from the Human Resources Department or can be downloaded from the City's website at www.cityoflomdoc.com.



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2. When an employee separates from City employment, a Personnel Action Form (“PAF”) is required.

The Human Resources Department processes the PAF upon receipt of notification of termination/resignation of the City employee.

3. The employee’s separation will be reported to the California Public Employees’ Retirement System (CalPERS) once Human Resources processes the separation PAF. Human Resources inputs the separation information on the CalPERS website (employer portal).
4. The final paycheck will be deposited in the bank account identified on the Surepay form with the next scheduled payroll following separation.

B. Health Plan, Vision, and Dental Insurance

If the employee is a subscriber at the time of termination, health, vision, and dental coverage will continue until the end of the month. Should the employee wish to continue coverage with the group plan for 18 months (through COBRA eligibility), application must be made within sixty (60) calendar days after separation from the Group Plan. Employees must meet COBRA eligibility criteria to continue through the group plan and will pay 100% of the total insurance premium, plus 2% for COBRA administrative costs.

C. Exit Interview

1. Terminating employees will be given voluntary exit interviews whenever feasible. The employee may contact Human Resources to set up an exit interview. The exit interview will be scheduled on the last day of employment whenever practical.
2. Human Resources will give the employee a Guide for Employees and an Exit Interview Questionnaire (Attachment III). Copies of the Guide and Exit Interview Questionnaire are available from the department, Human Resources, or may be obtained from the City’s website at www.cityoflompoc.com.
3. The employee will bring a completed Exit Interview Questionnaire to the interview. The interview will be on City time and held in the Human Resources Department. Interviews will usually be scheduled during the last four hours of the employee’s last day of work.
4. At the end of the interview, the employee will be counseled on any questions concerning benefits.



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5. The interviewer will recap information received from the employee and the questionnaire. As appropriate, the Human Resources Department will send summaries of the information to the City Manager and department manager.

V. INTERPRETATION AND IMPLEMENTATION

Any questions related to the intent or application of this procedure should be referred to the Human Resources Director who is delegated the responsibility for interpreting and implementing this procedure.

Authorized: _____
Dean Albro, City Manager

_____ Date



GUIDE FOR TERMINATING EMPLOYEES

In order to assist you in making your final, last-minute departing preparations, the following information will answer some of the questions you might have. Please keep in mind that these are general guidelines only. For information regarding your specific case, contact the Human Resources Department.

1. **Your Final Paycheck**

Your final paycheck will be deposited in the bank account identified on your surepay form with the next scheduled payroll following separation.

Your final paycheck will include any or all of the monies to which you are entitled:

- A. Full pay for unused vacation accrual
- B. Full pay for all accumulated overtime hours (if eligible)
- C. Full pay at regular rate for all holiday accrual (if eligible)

2. **An Exit Interview**

If you are a full-time, permanent status employee, prior to or on your last day of employment with the City of Lompoc, you can contact Human Resources to schedule an exit interview appointment.

An Exit Interview Questionnaire will be provided for you, so you may complete it prior to your exit interview appointment. Please bring the completed form with you to the exit interview.

3. **Your Group Insurance**

A. **Health Plan, Vision, and Dental Insurance**

If you are a subscriber at the time of termination, your health plan, vision, and dental coverage will continue until the end of the month in which you terminate.



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Health, Vision, and Dental Continuation

City employees of all bargaining groups may be eligible for Continuation of their Group Health, Vision, and Dental coverage for a period of 18 and up to 36 months under COBRA. Employees who choose this option are responsible for 100% of the total premium, plus 2% for COBRA administrative costs. Application must be made within 60 calendar days of the date of last coverage.

B. Long-Term Disability

Your Long-Term Disability coverage will end when your employment terminates. If applicable, you may be eligible to convert your Long-Term Disability (LTD) coverage under an LTD Conversion Policy. Please refer to your LTD Certificate of Coverage or contact Human Resources for details.

C. Basic Group Life Insurance and Accidental Death and Dismemberment

Your basic group life insurance coverage will end when your employment terminates. However, you have thirty-one days from separation in which to make a written application for a conversion policy. You may obtain a Life Group Conversion Application form from the Human Resources Department.

D. Flexible Spending Account

This benefit, also known as Section 125 Flexible Spending Account (FSA), will end when your employment terminates. However, you have 90 days from the date of termination to submit reimbursement claims for expenses incurred while you were employed during the Plan Year, up until your separation date.

4. Your California Public Employees' Retirement System (CalPERS) Contributions

If you are a member of the California Public Employees' Retirement System (CalPERS), you may elect to continue your membership in CalPERS and leave your total accumulated contributions on your account with CalPERS if:

- 1) Your separation from employment covered by CalPERS is temporary (less than one year) or
- 2) You are accepting employment with a California public agency under conditions of reciprocity or
- 3) You are accepting employment with the California State Teachers'



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Retirement System (CalSTRS), Judges' Retirement System (JRS) or
Until you request to withdraw the contributions.

To be eligible for a refund of CalPERS contributions, you must be permanently separated from all employment covered by CalPERS.

The Human Resources Department will process your separation in the CalPERS system. If you wish to withdraw your contributions, please contact CalPERS at 1-888-225-7377 for assistance.

5. Last Minute Details

- A. You are required to return all City-issued equipment and/or property to your supervisor (clothing, tools, keys, cell phone, laptop, etc.).
- B. Be certain you have made a thorough check of your work area for personal belongings.
- C. Your City identification card as well as your City Fuel card should be turned in to the Human Resources Department.
- D. If you are participating in a City-sponsored deferred compensation plan (e.g., a 457 Plan), Human Resources will process your separation in the system accordingly. However, you must contact your plan carrier (Mission Square or CalPERS) directly to withdraw your funds.

If you have any questions, please contact the Human Resources Department at (805) 736-1261.

We hope this information has given you an overview of the options available to you before leaving City employment and helped you ensure that you have not forgotten any important details. The Payroll Division will mail your W-2 form, "Statement of Wages Earned", to you at the beginning of next year to your last known mailing address; therefore, it is important for you to notify the Human Resources Department of any change of address.



This form applies to all employees excluding Safety bargaining units. LPOA & IAFF have their own process in accordance to their respective MOUs.

CITY-ISSUED ITEM AND/OR ASSIGNED EQUIPMENT LIST

To be completed on and prior to an employee's first/last day of work.

EMPLOYEE NAME: _____ EMPLOYEE #: _____ DEPT/DIVISION: _____

JOB TITLE: _____ DATE OF SEPARATION: _____

ITEMS	DATE ASSIGNED	ASSIGNED BY	STAFF INITIAL	DATE RETURNED	RECEIVED BY	STAFF INITIAL
City ID/Key Card						

EMPLOYEE ACKNOWLEDGMENT

I acknowledge receipt of the item/equipment listed above, which has been assigned to me by the City for official use. I understand that I am responsible for the proper care, security, and return of all City-issued item/equipment. I agree to use all City-issued items in accordance with City policies and procedures. I further agree to return all City-issued items upon my separation from employment or upon request by the City.

Employee Name (Print): _____

Employee Signature: _____

Date: _____



EXIT INTERVIEW QUESTIONNAIRE

We understand you are leaving the City of Lompoc and we would appreciate your comments in answering the following questions that will be used to help us make future employment policy decisions. If some of your comments are critical, a brief explanation will be helpful to assist us in our efforts to improve employment conditions.

This information will be kept **CONFIDENTIAL**. At no time will it be given to future employers nor will it affect recommendations to future employers. Please note that the completed form should be returned to the HUMAN RESOURCES DEPARTMENT not to the department in which you were employed.

It is not mandatory that you sign your name to this form. All replies will remain anonymous.

 Job Title

 Supervisor

 Department

 Division

TYPE OF EMPLOYMENT: Full-time Part-time

LENGTH OF EMPLOYMENT: With the City of Lompoc _____

In Present Position _____

TERMINATION DATE: _____

1. Sex Male Female
2. Age 16-24 25-30 31-40 41-50 Over 50
3. Education Less than H.S. H.S./G.E.D. Some College
 Some Post-Graduate Work Post-Graduate Degree
4. Race White Black Hispanic Asian Native American
 Other



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5. Type of Position Clerical/Secretarial Supervisory/Management
- Technical/Professional Skilled Trade/Laborer
6. Was your job properly represented to you before you were hired?
- Yes No
7. Were the conditions of your employment, benefits, and policies explained to you when you were hired? Yes No
8. Was your supervisor helpful in:
- a. Orientation to work site? Yes No
- b. Explanation of work rules? Yes No
- c. Training? Yes No
- d. Other: explain _____
- _____
9. Did your supervisor gain your respect through knowledge of the work?
- Yes No If no, why not? _____
- _____
- _____
10. Were you treated fairly in the department/division?
- Yes No If no, why not? _____
- _____
- _____
11. Do you believe your salary was appropriate for the kind of work you performed?
- Yes No If no, why not? _____
- _____
- _____



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12. Do you feel that there was adequate opportunity for advancement, and, if so, were you informed of the opportunities that were available?

Yes No If no, why not? _____

13. Was the department/division in which you worked functioning smoothly and efficiently?

Yes No If no, why not? _____

14. Were your work hours clearly explained and understood?

Yes No If no, why not? _____

15. Did you have a full understanding of departmental policy and procedures?

Yes No If no, why not? _____

16. Would you apply for employment at the City of Lompoc again?

Yes No If no, why not? _____

17. Do you have any additional suggestions that would make the City a better place to work? _____



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18. If your main reason for terminating is to remain in the same profession, will this be a promotion? Yes No; what will be your new job? _____

REASONS FOR LEAVING CITY EMPLOYMENT:

- | | | |
|--|--|--|
| <input type="checkbox"/> Better pay/benefits | <input type="checkbox"/> Retirement | <input type="checkbox"/> Dismissal |
| <input type="checkbox"/> Business for self | <input type="checkbox"/> Illness | <input type="checkbox"/> Family/Personal Reasons |
| <input type="checkbox"/> Relocation | <input type="checkbox"/> Attend School | |
| <input type="checkbox"/> Dissatisfaction | <input type="checkbox"/> End of Job | <input type="checkbox"/> Layoff |
| <input type="checkbox"/> Working conditions | | |

ON A SCALE OF 1 to 10, WHERE 1 IS POOR AND 10 IS EXCELLENT, PLEASE RATE THE FOLLOWING:

- | | |
|---------------------------------|---|
| _____ Rate of Pay | _____ Timely evaluations |
| _____ Enjoyment of your work | _____ Vacation benefits |
| _____ Appreciation of work done | _____ Deferred comp plan |
| _____ Rapport with co-workers | _____ Job security |
| _____ Sick leave benefits | _____ Supervision received |
| _____ Life insurance benefits | _____ Rapport with supervisor |
| _____ Retirement benefits | _____ Working conditions |
| _____ Chances for promotion | _____ Group Health/Vision/Dental benefits |
| _____ Training and assistance | |